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FEC FORM 2 STATEMENT OF CANDIDACY

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FEC FORM 2 (REV. 02/2009)

				_	<u> 1911 pr</u>					
1.	(a) Name of Candidate (in full) Cori Bush				•••				i.	
	o) Address (number and street)			2.1	FEC Candid					
	(c) City, State, and ZIP Code	<u>,, , , , , , , , , , , , , , , , , , ,</u>		3.	Is This		New		X	Amended
_	Florissant, MO 63			<u> </u>	Statement		(N)	OR		(A)
4.	Party Affiliation Democrat	 Office Sought House of Representative 	6. State & Dist		f Candidate District 1			-	1	
	Democrat	O Tiouse of Tiepresentativ	1411330	un,	District				-	
	DE	SIGNATION OF PRINCIPA	AL CAMPAIGI	N C	ОММІТТ	EE	٠			
7.	I hereby designate the following nar	med political committee as my Princip	al Campaign Com	mittee		201		_ election	on(s).	i
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)			_						
	Cori Bush 2018									,
	(b) Address (number and street)									
	2306 Sucasa Dr., Apt. E	3								l.
	(c) City, State, and ZIP Code									
	Florissant, MO 63031									: : :
	· · · · · · · · · · · · · · · · · · ·									
	DE	SIGNATION OF OTHER A	UTHORIZED	CO	MMITTE	ES				!
(Including Joint Fundraising Representatives)										
R	I hereby authorize the following par	med committee, which is NOT my prin	icinal campaign co	mmit	tee to recei	ue and	l evner	ıd funds	on he	half of my
Ų.	candidacy.	ned dominimos, which is NOT my pin	icipal campaign co	**********	100, 10 10001	ve and	СХРС	ia ianas	011 50	il
NOTE: This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full)								<u>.</u>	·
	(a) Name of Committee (in full)									
_	(b) Address (number and street)			_						<u>:</u>
	(b) Address (number and street)									1 1
_	(-) City Oads and 7ID Code			_					_	
	(c) City, State, and ZIP Code									
_										
_		mined this Statement and to the bes	of my knowledge	and b	pelief it is tru	e, cor	rect an	d comp	olete.	<u> </u>
S	ignature of Candidate			Da	ate ·					i.
	Course	· <u>·</u>			4/26	121	017	,		i.
N	NOTE: Submission of false, erroneous	s, or incomplete information may sub	ect the person sign	ning tl	his Stateme	nt to p	enaltie:	s of 52	U.S.C.	§30109.
Γ				T		<u> </u>	.	·	, 	<u> </u>
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NT BY ACCOUNT (if applicable)

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